



In re Application of:

HIROSHI YOSHINO

Application No.: 09/699,387

Filed: October 31, 2000

For: INK JET APPARATUS AND WASTE
LIQUID ABSORBING METHOD

COMMISSIONER FOR PATENTS
Washington, D.C. 20231

Docket No.

01272.007623.1

Examiner: M. Nghiem

Group Art Unit: 2861

Date: April 29, 2002

I hereby certify that this correspondence is being
deposited with the United States Postal Service as first
class mail in an envelope addressed to: Assistant
Commissioner for Patents, Washington, D.C. 20231 on

April 29, 2002
(Date of Deposit)
Dennis A. Duchene, Reg. No. 40,595
Name of Attorney for Applicant
[Signature] 4/29/02
Signature Date of Signature

Sir:

Transmitted herewith is an amendment in the above-identified application.

☒ No additional fee is required.

The fee has been calculated as shown below

CLAIMS AS AMENDED						
	(2) CLAIMS REMAINING AFTER AMENDMENT		(4) HIGHEST NO. PREVIOUSLY PAID FOR	(5) PRESENT EXTRA	RATE	ADDITIONAL FEE
TOTAL CLAIMS	* 8	MINUS	** 20	= 0	x \$9 \$18	0
INDEP. CLAIMS	* 2	MINUS	*** 3	= 0	x \$42 \$84	0
Fee for Multiple Dependent claims \$140°/\$280						
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT---						-0-

- * If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.
 ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.
 *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

☐ °Verified Statement claiming small entity status is enclosed, if not filed previously.

☐ A check in the amount of \$____ is enclosed.

☐ Charge \$____ to Deposit Account No. 06-1205. A duplicate copy of this sheet is enclosed.

☒ Any prior general authorization to charge an issue fee under 37 C.F.R. 1.18 to Deposit Account No. 06-1205 is hereby revoked. The Commissioner is hereby authorized to charge any additional fees under 37 C.F.R. 1.16 and 1.17 which may be required during the entire pendency of this application, or to credit any overpayment, to Deposit Account No. 06-1205. A ~~duplicate copy~~ of this paper is enclosed.

☒ A check in the amount of \$400.00 to cover the fee for a two-month extension is enclosed.

☐ A check in the amount of \$_____ to cover the Information Disclosure Statement fee is enclosed.

☒ Applicant's undersigned attorney may be reached in our Costa Mesa, CA office at (714) 540-8700. All correspondence should continue to be directed to our address given below.

Respectfully submitted,



Attorney for Applicant

Registration No. 40,595

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